MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6312

MAR 22 1929

1. PLACE OF DEATH
County: Iron — Registration District No.: 392 — File No.:
Township: Arcadia — Primary Registration District No.: 4231 — Registered No.: 4
City: Pilot Knob (No. ..... St. ..... Ward)

2. FULL NAME Norman F. Worthan

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21-1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
— —	—	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pilot Knob
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Grant Worthan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iron Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Virgie Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bellview
(STATE OR COUNTRY) Mo

14. INFORMANT Grant Worthan
(Address) Pilot Knob Mo

15. FILED 2-21-, 1929 L. J. Effinger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-20 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-2, 1929, to 2-6, 1929, that I last saw him alive on 2-6, 1929 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malnutrition
158 lbs
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Geo L. Engle, M. D
2-21-, 1929 (Address) Ironton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Pilot Knob	2-21 1929
20. UNDERTAKER	**ADDRESS**
Hayman White & Son	Ironton Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.